Submit I Copy To Áppropriate District Office   State of New Mexico     District I   Energy, Minerals and Natural Resources     1625 N. French Dr., Hobbs, NM 88240   Energy, Minerals and Natural Resources     District II   1301 W. Grand Ave., Artesia, NM HOBS OCDIL CONSERVATION DIVISION     District III   1220 South St. Francis Dr.     1000 Rio Brazos Rd., Aztec, NM 87410   1220 South St. Francis Dr.     District IV   0 5 2011     1220 S. St. Francis Dr., Santa Fe, NM   Santa Fe, NM 87505     SUNDRY NOTICES AND REPORTS ON WELLS   Santa Fe, NM 87505     Image: Sundry Notice Proposals To Drill or to DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)     1. Type of Well: Oil Well   Gas Well   Other Injection	Form C-103 October 13/2009 WELL API NO. <u>30-025-02884</u> 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name East Vacuum Grayburg-San Andres Unit TRact 2622 8. Well Number 43
2. Name of Operator ConocoPhillips Company	9. OGRID Number
3. Address of Operator 3300 N. "A" St., Bldg. 6 Midland, TX 79705	217817   10. Pool name or Wildcat   Vacuum; Grayburg-San Andres
4. Well Location	
Unit Letter   D   : 990   feet from the NORTH   line and 660     Section   26   Township   17S   Range   35E	
Section 26 Township 17S Range 35E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM CountyLEA
3929'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:     PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING     TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   P AND A     PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   CASING/CEMENT JOB	
OTHER: Repair Downhole Failure and re-test MIT   Image: Complete operation operation.   OTHER: Completion operation operation.   OTHER: Completion operation	
This well failed it's required MIT - ConocoPhillips intends to repair the downhole failure, run new test, and return to injection.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	and belief.
SIGNATURE Jaloy N. C. TITLE Regulatory Specialist	DATE 6/24/11
Type or print name Jalyn N. Fiske E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813	
For State Use Only   APPROVED BY: TITLE   Conditions of Approval (if any): TITLE	

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